MURFREESBORO WATER AND SEWER DEPARTMENT AUTHORIZATION FOR MONTHLY BANK DRAFT

Should you desire to pay your monthly water and sewer bill by automatic debit of your bank account please complete and fax the information below to (615) 907-2254 or mail to P.O. Box 897 Murfreesboro, TN 37133-0897.

I (we) authorize MURFREESBORO WATER AND SEWER DEPARTMENT, hereinafter called COMPANY, to initiate debit entries to my (our) bank account indicated below. The depository financial institution (i.e. bank, credit union, savings & loan) named below, hereinafter called BANK, will receive and debit the same entries to my (our) bank account.

Name(s):(Na	ame as listed on bank account)
Service Location Address:	
Bank Name:	
Bank Mailing Address:	
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I/We understand the COMPANY may impose a processing fee for accounts that are found to contain insufficient funds.	
This authority is to remain in full force and effect until COMPANY and BANK has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.	
DATE	Signed X
	Signed X
	Phone:
*** Please include a voided, legible copy of a check indicating the bank account to be debited. You will receive your monthly water and sewer bill which will state "MEMO BILL ONLY. Net Amount Drafted on (Due Date)." Until that time please continue to pay as you have in the past.	
Amount Draited on (Due Date). Onthe that time please continue to pay as you have in the past.	
	FOR WATER AND SEWER DEPARTMENT USE:
	SETUP:
	PRE-NOTE:
	MWSD CODED:
	FIRST SCHEDULED TRANSACTION: